Type: Poster Presentation

Final Abstract Number: 53.013
Session: Epidemiology & Public Health
Date: Saturday, June 16, 2012
Time: 12:45-14:15
Room: Poster & Exhibition Area

Descriptive epidemiology of diarrheal diseases in Chennai, India

R. Chopra[1], M. Dworkin[2,*]

[1] *University of Illinois Chicago, Chicago, IL, USA*
[2] *University of Illinois Chicago, Chicago, Il, USA*

Background: There are very few data on the prevalence of coccidian enteric parasites among low-income adults hospitalized in Chennai, India.

Methods: Stool samples from 200 patients were screened for selected parasites, enteric bacterial pathogens, and other protozoa over a three month period.

Results: The study identified 42 (21%) *Cryptosporidium*, 36 (18%) *V. cholerae*, 17 (9%) *Salmonellla*, 12 (6%) *Isospora*, 6 *(3%) helminths*, 5 (3%) *Shigella*, 1 (1%) *Cyclospora*, 1 (1%) *other protozoan*, and 0% *V. parahaemolyticus* cases. Co-infection was present in 21 patients. *Cryptosporidium* was detected among 17 (81%) of co-infected patients.

Conclusion: Our findings highlighted the relatively high proportion of patients in this population with *Cryptosporidium* and *Isospora* and suggest that broader use of diagnostic testing for coccidian parasites in India may be beneficial because isosporiasis is treatable and both *Isospora* and *Cryptosporidium* are important pathogens in AIDS patients.

http://dx.doi.org/10.1016/j.ijid.2012.05.414

Type: Poster Presentation

Final Abstract Number: 53.014
Session: Epidemiology & Public Health
Date: Saturday, June 16, 2012
Time: 12:45-14:15
Room: Poster & Exhibition Area

Delayed vaccination of infants of slum area of Mumbai - A challenge for public health professionals

P. Dyavarishetty*, S. Kowli

K.J.Somaiya Medical college, Mumbai, Maharashtra, India

Background: Delayed administration of vaccines in infants could lead to an increase in otherwise vaccine preventable diseases. The immunisation coverage in India is as low as 46% for primary immunisation. However even amongst these immunised children there appears to be a delay in vaccination of the child, inspite of the free immunisation services being delivered at all primary health centres.

The present study was carried out with the objective of assessing the delay in immunisation of children below one year and to determine the factors influencing the timeliness of vaccination

Methods: This cross-sectional observational type of study was conducted in 93 infants attending the immunisation OPD at the urban health centre in a period of one month. Using a structured questionnaire the mothers were interviewed after the child received the vaccination for the day. The data was analysed using frequency, percentages and chi-square tests.

Results: Of the total 93 infants participating in the study, 57 (61.3%) were male and 36 (38.7%) were females. Majority of the infants were more than 44 days (78).

BCG vaccination was received within 7 days of birth in 83% of the infants. Of the 16 infants who had delayed BCG immunisation, the delay was more than one month in 6 infants. The delay in BCG vaccination was significantly associated with sex of child ($p = 0.032$); mothers age ($p = 0.007$); mothers education status ($p = 0.054$) and number of children ($p = 0.016$)

Delay by more than a week for first, second and third dose of oral polio vaccine, trivalent vaccine of diphtheria, pertussis and tetanus, and hepatitis B vaccine was observed in 16%,8% and 4% respectively.

Measles vaccination was delayed in 60% of the infants who were of eligible age.

Conclusion: Delay in vaccinations increases the risk of exposure to the infection. This is especially more for measles vaccination which was found to be delayed in majority of the eligible infants. It is therefore important not only to emphasis on vaccination of the child but also on vaccinating the child at the scheduled age. Using reminder systems like telecommunication with mobile technology could increase the timely immunisation of children.

http://dx.doi.org/10.1016/j.ijid.2012.05.415

Type: Poster Presentation

Final Abstract Number: 53.015
Session: Epidemiology & Public Health
Date: Saturday, June 16, 2012
Time: 12:45-14:15
Room: Poster & Exhibition Area

Epidemiologic investigation of a cholera outbreak in Lukapa, Angola, 2012

R. Moreira[1], I. Francisco[2,*], A. Kapapelo[2], C. Teixeira[2], L. Miguel[2], B. Felix[3], J. Leite[3], C. Pinto de Sousa[2]

[1] *African Field Epidemiology Network, Luanda, Angola*
[2] *Agostinho Neto University, Luanda, Angola*
[3] *Ministry of Health, Luanda, Angola*

Background: In December 2011, the National Directorate of Public Health received notification of 895 cases of acute watery diarrhea with 86 deaths in Lukapa District, Lunda Norte province. This study aimed at investigating the cholera outbreak in Lukapa District, Lunda Norte Province from December 3, 2011 to January 10, 2012 by describing the outbreak and identifying the risk factors associated with cholera.

Methods: We conducted a 1:1 unmatched case control study. A case was defined as any individual two years of age or older who were living in Lukapa during the time of the investigation, who presented with an acute episode of watery diarrhoea with or without vomiting during the outbreak. A control was any individual, neighbour to the case who has not contracted the disease during the study period. An interview administered questionnaire was used to collect data on time, person, and place and associated risk factors. A checklist was used to evaluate the municipality preparedness and response to the outbreak. The stool samples were collected for testing using Cary Blair medium.

Results: A total of 470 cholera cases and 79 cholera deaths (CFR = 16.8%) were reported during the outbreak in December 2011 to January 2012 in Lukapa. Out of these, three hundred and forty-two cases were line listed from which there were 13 deaths. Seventy